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News Letter

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THE SURGICAL RESEARCH LABORATORY

(Part II)

As we noted last month, in the modern American Medical School of any stature, the surgical laboratory has risen into the category of the indispensable. Like Gaul, its parts are three.

First there are the kennels, which must be clean, warm, and airy. Long-term animals must have the space to run. Common humanity as well as research economy insist upon a favorable environment for health of the animals. Strict entrance rules for the dogs must be met. Clinicians have no war on pets; indeed, most surgeon investigators nourish with affection their own. Unwanted, unclaimed strays, more often than not gaunt from hunger and disease, must be nursed to health before they play their role as human benefactors. We have urgent need for improvement in our own kennel facilities.

Secondly, the experimental operating rooms must be immaculate. The identical aseptic techniques of clinical surgery apply here. One sees the gowned, masked, and gloved team, the sterile instruments and drapes, the careful anesthesia. This is the training ground of the young surgeon; every operation is not only an experiment, but also an exercise in surgical technique. Intravenous fluids, blood transfusions, antibiotics, analgesics, and other medications are freely used. Few hospital patients have more attentive postoperative care. Just as surgical hospital care is expensive, so too is surgical laboratory care.

Thirdly, behind these two units lie the laboratories in the nicer sense of the word. Pathological specimens must be studied; detailed chemical analyses must be made; physiologic documentation of subtle variables must be recorded. The instrumentation is extensive - electronic pressure devices, radio-active counters, flame photometers, paper chromatographs are but a few of the complex devices of the modern research laboratory, and they are not cheap.

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Within this elaborate tri-partite environment, the animal caretaker, diener, nurse, laboratory technician, medical student, post-doctoral research fellow, surgical resident, veterinarian, physiologist, and staff investigator must mold their multiple talents into a coordinated teaching and research endeavor. To finance, staff and administer such an organization is a challenge which requires much time, travel, and travail. The details of our own efforts in this regard will be discussed in next month's letter.

May the New Year bring to all the staff a sense of satisfaction from active participation in a worthwhile job - medical education.

Henry Swan, M.D.

Faculty News

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The annual meeting of the Western Surgical Association in Cincinnati was attended by Drs. Childs, Morfit, Sawyer, Woodruff, Eiseman, Swan, Watkins, and Kortz. Three papers were given from our Department of Surgery.

Dr. J. C. Owens attended the meeting of the Southern Surgical Society in Florida, December 4 to 6.

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